PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09069309

			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY						
TOTAL CLAIMS					3.7.1.4.		,	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS					. 0	1		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			っつ mi	nus 3 =	• 0			X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	ero, ente	r "0" in c	olumn 2		TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL I	NTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 17	Minus	** 0	O	=*		X\$ 9=		OR	X\$18=	
	Independent	. 12	Minus	***	3	= 9		X40=		OR	_X80≦	774
<u> </u>		NTATION OF M					J	+135=		OR	+270=	
BEST AVAILABLE COPY								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 2	Minus	•• ;	20	= O		X\$ 9=		OR	X\$18=	
	Independent	. 5	Minus	•••	12	=-0		X40=		OR	X80=	1
	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDEN	CLAIM	Ц	١	+135=		OR	+270=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	•••	F 01 4114	=	41	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3, ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously Pa					er fou	and in the app	ropriate box	(in co	lumn 1.	